

Field Training Officer Program End of Training Report

To: Chief Administrator of Training or designee

Facility Name: _____

From: Field Training Officer

Trainee: _____

Date: _____

The following is an evaluation of the above named correctional officer at the completion of their eighty hours of on-the-job training following the ODOC Correctional Training Academy.

1. During the eighty hours of on-the-job training, the officer exhibited the following strengths:

2. During the eighty hours of on-the-job training, the officer exhibited the following weaknesses:

3. The following are my recommendations to continue training to remediate the performance issues of this officer:

4. The officer has completed all required items on the "Standardized Performance Checklist," (OP-100107 Attachment A) and have met the requirements to work the following post (s):

5. Comments of all assigned FTOs about the performance of this officer:

Signatures:

Correctional Training Officer: _____

Date: _____

Transitional Development Specialist: _____

Date: _____

Assigned FTO (Pre/Post Academy): _____

Date: _____

Trainee: _____

Date: _____